

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLI15 FEB -9 PM 1:30  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Brannon for U.S. Senate

ADDRESS (number and street)

530 New Waverly Place

Suite 301

Check if different  
than previously  
reported. (ACC)

Cary

NC

27518

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00544213

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2014M M / D D / Y Y Y Y  
01 / 01 / 2014M M / D D / Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
03 / 31 / 2014M M / D D / Y Y Y Y  
03 / 31 / 2014M M / D D / Y Y Y Y  
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Finocchiaro

Signature of Treasurer

John Finocchiaro

Date

M M / D D / Y Y Y Y  
01 / 22 / 2015M M / D D / Y Y Y Y  
01 / 22 / 2015M M / D D / Y Y Y Y  
01 / 22 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)